

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000087501

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Entity Name:** JEFFREY P. RAY LMHC, CAP, CSAT LLC

**Current Principal Place of Business:**

8635 HIGH CAY  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8635 HIGH CAY  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 45-3013205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAY, JEFFREY P  
8635 HIGH CAY  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JEFFREY RAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MR.  
**Name:** RAY, JEFFREY P  
**Address:** 8635 HIGH CAY  
**City-St-Zip:** WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JEFFREY RAY

\_\_\_\_\_  
Electronic Signature of Authorized Person

MR.

10/04/2014

\_\_\_\_\_  
Date